



Volume 10 | 4

# Research & Advocacy Digest

*Linking Advocates & Researchers*

## Experiences of Childhood Sexual Abuse Survivors and Foster Care

### Letter From The Editor

TARA WOLFE, TRAINING SPECIALIST, WCSAP

#### Inside

Interview:  
Dr. Wayne Duehn  
pgs. 4-7

Research Reviews  
pgs. 8-18

Foster Care Statistics  
pg. 18

Additional Resources  
pg. 19

#### Contributors

Tara Wolfe | WCSAP  
Jeanne McCurley | WCSAP  
Valerie White | WCSAP  
Marilyn Turnbow | WCSAP  
Penni Maples | WCSAP  
YaHui Chi | WCSAP

As I converse with my colleagues across the state, I often hear about interesting new trends in the field and areas for skills enhancement. Recently, the topic of providing advocacy and support to foster and adoptive parents was brought to my attention. As I looked into the topic further, Dr. Wayne Duehn was recommended as an expert and trainer, so I coordinated a workshop on Promoting Healing in Foster Care and Adoption with him last Spring. The workshop was illuminating for me and prompted further exploration of the important role that foster and adoptive parents play in facilitating the healing of child sexual abuse survivors.

Dr. Duehn has some thought provoking practices to share, including advocating for foster and adoptive parents to obtain detailed information about the extent of their children's sexual abuse. He also suggests that foster and adoptive parents be supported in creating a sexual safety plan for their family. Well, my first question was, as advocates how do we support foster and adoptive parents and children? Also of interest was an exploration of what research tells us about child sexual abuse survivors and their experiences in foster and adoptive care. Much of what is revealed is not a surprise; as advocates and survivors our experiences and observations are often in line with what is scientifically observed.

The resounding theme throughout the research is that children who have been sexually abused experience more difficulties while in foster care. It is interesting to note that many children are in out-of-home care because of physical abuse or neglect. It is often only after removal that sexual abuse is disclosed or discovered. Therefore, it is important to know in what areas children in foster

---

care experience difficulties so that as advocates we can support them and their foster parents as they access systems of support and begin to heal.

A few of the research articles observed girls specifically and found that, compared to girls who had not been sexually abused, those who had been sexually abused tended to also experience other types of abuse, live in congregate living settings as opposed to family settings, have behavioral difficulties, use substances, have mental health issues, and experience more moves and more disruptive/crisis placements. Much of the research concludes that in order to avoid potential negative independent living

Much of the research concludes that in order to avoid potential negative independent living outcomes children need help identifying the trauma and loss in order to adjust and heal, access to mental health services, and trained foster and adoptive parents who understand the dynamics and effects of sexual abuse.

outcomes children need help identifying their trauma and loss in order to adjust and heal. They need access to mental health services and trained foster and adoptive parents who understand the dynamics and effects of sexual abuse. In fact, foster and adoptive parents themselves have often been overlooked in research and recommendations, and when asked, echo the need for role clarity, training, information, and access to health and mental health care in order to provide safety, structure, and a nurturing environment.

Children offer unique perspectives as well. Retrospective studies show that children in foster care need to stay connected to people they trust, be informed about options, and have some opportunity to participate in decisions that affect them. Of particular importance is a focus on the positive. A significant number of youth in foster care have shown signs of resiliency despite their early experiences. These current and former foster youth demonstrate the need for service providers to identify and support resilient characteristics such as certainty of educational plans, optimism about the future, positive peer influence, and an internal locus of power or control. The research also encourages us to look for strengths in youth who may be facing difficult challenges and support protective factors in them as well. When the foster care system is examined as a whole, recommendations for reform are similar to individual and community level concerns, namely mental health treatment, placement stability, educational services, resources upon exiting, access to post-secondary education, and preparation for independent living.

The research presented here has several implications for service providers. Our first aims are always to support the safety and self-determination of child sexual abuse survivors in foster care and their foster and adoptive parents. Since many of our interactions are likely to be with the parents, it is important that we explain the dynamics and effects of sexual abuse and situate problematic behavior as a normal response to trauma. Service providers can explain the importance of safety, empathy, patience, and consistency when caring for a child who has been sexually abused. It is imperative that we recognize the foster and adoptive family as the locus of healing; our sporadic (and even 50 minutes a week) interactions are valuable times to listen and share information and tools, but ultimately foster and adoptive families are the foundation of the strong support system needed for safety and healing. Service

---

providers can help foster and adoptive parents answer ‘why’ questions, request information and services from systems, create a sexual safety plan, and actively listen to their personal challenges and triumphs. Children’s voices cannot be ignored. When appropriate, advocate having children involved in decisions that affect them. When working with children directly, it is imperative that we create trust and rapport in order to provide a safe space to explore feelings and facilitate healing. We may need to prepare ourselves for talking about sexuality and sexual abuse with children. In short, as a part of the support system, there are many opportunities for service providers to advocate on behalf of children in foster and adoptive care and their foster and adoptive parents.

Many other avenues regarding child sexual abuse survivors and foster and adoptive care could have been explored. Neurobiology and brain mapping offer exciting research opportunities about the effects of trauma and human development. Research on the impact of oppressions such as racism, heterosexism, and classism on families entering, within, or exiting the child welfare system has a lot to tell us about personal and policy bias. Each avenue of exploration provides us with the opportunity to reflect on our own practices and in turn inform further research, policy, and practice decisions. ■

Children’s voices cannot be ignored. When appropriate, advocate having children involved in decisions that affect them. When working with children directly, it is imperative that we create trust and rapport in order to provide a safe space to explore feelings and facilitate healing.

---

## **Interview with Dr. Wayne Duehn, Professor at the School of Social Work, University of Texas at Arlington**

---

TARA WOLFE, TRAINING SPECIALIST, WCSAP

**W**ayne D. Duehn, Ph.D. is a Professor in the School of Social Work at the University of Texas at Arlington. He has considerable experience in working with adoptive and foster care professionals and families in both the public and private sectors.

Dr. Duehn has conducted state-wide workshops for adoption/foster care personnel throughout North America. He recently conducted a training for the Washington Coalition of Sexual Assault Programs in the Spring of 2008 on Promoting Healing in Foster Care and Adoption.

He serves as an ongoing consultant/trainer to adoptive personnel and foster home developers of Casey Family Programs, Neighbor to Family Programs, and the Louisiana and Texas Departments of Child Protective Services. He is a co-author of *Beyond Sexual Abuse: The Healing Power of Adoptive Families*, which is an outgrowth of an ongoing educational program of The Three Rivers Adoptive Council in Pittsburgh, PA.

As a national lecturer and trainer, Dr. Duehn is also a consultant to many institutions. He earned his Master's degree in Social Work from Loyola University, Chicago and holds a Ph.D. degree in Psychology and Social Work from Washington University, St. Louis.

**WCSAP: Can you share a little bit about yourself with the readers and tell how you became focused on children in foster care and adoption?**

WD: For years my clinical, research, and teaching activities were focused on assessment and interventions with sex offenders. As a program consultant to the Texas Department of Family and Protective Services in the area of child sexual abuse, I was asked to review several adoptive/foster care home studies of families where these adoptive/foster parents had sexually abused the children that had been placed in their homes. In my review, I learned that all home studies read pretty much the same - they were "perfect" families. Actually, what I determined to be the case was that home studies were verbal self-reports of how families wanted to present themselves to the agency. The studies were not, in my opinion, assessments of true family dynamics and functionality.

**WCSAP: Children are generally removed from their homes because of physical abuse and/or neglect. How is sexual abuse a factor in out-of-home care?**

WD: A study that I and several of my students conducted about twenty years ago in the Tyler Region of the Texas Department of Family and Protective Services determined that 84% of the foster children in care had past histories of being sexually abused prior to coming into placement.

---

**WCSAP:** In your book, *Beyond Sexual Abuse: The Healing Power of Adoptive Families* (1990), you have stated that the “most overlooked, but probably most prevalent type of sexual abuse of children is systemic assault... where children are not protected [by their families].” Can you elaborate on that for our readers?

WD: A majority of birth families of children coming into foster care can be described as being chaotic, with family members disengaged from one another. They tend to have five characteristics: (1) frequent moves - four, five and six moves in the last two years; (2) chronic histories of substance abuse - drugs and alcohol; (3) weak family boundaries with people constantly coming into and going out of the family unit; (4) long time periods where children have little or no supervision; and (5) a single codependent parent, usually the mother, seeking out and going from one paramour to another. As such, these children enter the foster care system (and many times after repeated referrals) as having been neglected and in lack of supervision. It is only after placement when the child begins to feel safe that the child verbally reveals the past sexual victimization and/or through the child’s presenting sexually reactive behaviors.

**WCSAP:** Children’s experiences and responses to sexual abuse vary depending on psychological factors and certain aspects of the experience such as frequency, duration, and whether violence was used. Keeping this in mind, what are some of the common considerations that sexually abused children in foster care and adoption face?

WD: We must start viewing children placed in foster care and adoption from a new perspective. We need to see them as having suffered a series of traumatic happenings. There are many who believe that childhood post traumatic stress disorder is the most underreported

and unrecognized mental health condition of children in America today. I am one of those who hold this belief. By focusing primarily on the children’s problematic behaviors, we victimize children for what are normal reactions of a healthy brain to a traumatic event. Given this, all children in foster care and adoption need safety, consistency, nurturing, respect, understanding and infinite patience.

**WCSAP:** We know that a sexually abused child may respond to certain situations in out-of-home care based on coping strategies, survival mechanisms, and attempts to connect based on their previous traumatic experiences. What if a proactive approach to addressing these traumatic responses does not prevent inappropriate behavior? How can service providers support families in handling this?

WD: Indeed they can and indeed they must! Knowledgeable service providers steeped in an understanding of the effect of trauma on the neurobiology of the developing brain and well versed in the skills of trauma focused and trauma resolution treatment can provide the caregivers with a context and background for understanding the inappropriate behavior and the support needed to be consistent, nurturing, and respectful.

**WCSAP:** What exactly is important for advocates to know about the effects of trauma and what is helpful to relay to foster parents?

WD: The most important thing that all advocates and caregivers need to know is that trauma has an aversive negative effect on brain development and further, that the brain is most susceptible to abnormal deregulation when chronic trauma is experienced during the first five years of life.

**WCSAP:** How can foster and adoptive par-

---

**ents create a strong support system that promotes safety and healing?**

WD: That's a big question. Essentially two ingredients are required for healing (recovery). In order to recover from a traumatic happening, one needs a support system and an education system. A support system is one which believes the trauma occurred (all of the known details), validates the emotions of the victim and provides safety. An education system is one which answers the question, "Why?" e.g. "Why was I abused?" "Why am I in foster care?" etc. What I've identified sounds so simple. In practice it is exceedingly difficult to deliver. To date, our foster care and adoption delivery systems in this country are not designed to provide these basic two ingredients.

**WCSAP: Those actually sound like hard questions to answer to me! Who is the best person(s) to answer these types of 'why' questions and how are the explanations helpful for a child's healing?**

WD: The ideal person(s) to answer these 'why' type questions is the direct caregivers. Such explanations provide the child with a rational educational system by which the child can place the traumatic events into a context rather than one of self-blame.

**WCSAP: You suggest that creating a strong support system includes foster parents acquiring all the known details of the child sexual abuse. Exactly how much and what type of information is necessary? What leads you to this conclusion?**

WD: Everything! All of the background information that is known should be relayed to the foster parent. Ask any parent, if they are to be a supportive parent to their child, they must know all of the specifics/details of the situation in question. Unfortunately, all too often, detailed background information of what the

child has experienced prior to placement is not shared with the foster parents.

**WCSAP: What is a sexual safety plan?**

WD: It is an explicit (first verbal and then later written) agreement between all family members regarding the sexual rules/policies in the home which are in place that will afford everyone sexual safety. In trauma informed treatment, safety is a prerequisite to healing.

**WCSAP: Okay, this one sounds easy. What are some problems that foster families run into developing, implementing, and refining sexual safety plans?**

WD: The major difficulty for most parents is that they are afraid of and have difficulty talking to their children about sex. Sex is still a very much tabooed subject between parents and children today. Because most foster parents probably grew up in families where sex was not discussed, they have unfortunately no models of parents talking to their children about sex.

**WCSAP: How can sexual assault service providers support foster care and adoption families?**

WD: I think I've covered that in an earlier question. In addition, it's important to remember that the true healers are the direct caregivers - the foster and adoptive families. It is the task of the service provider to assist the direct caregivers in truly becoming the support and education systems so necessary for the child's recovery.

**WCSAP: What systems do foster parents interact with and what are some of the challenges they encounter? Do you have some common resources to direct foster parents to?**



---

WD: The three major systems that foster parents must interact with are the education system, the foster care system, and the mental health system. Each of these systems may lack an understanding of the effects of trauma on the neurology of the developing brain and how these effects are manifested in the child's behavior. As a resource, I would recommend the work (both books and videos) of Dr. Bruce D. Perry. A child psychiatrist, Dr. Perry is a leading researcher and clinician in the field of childhood post-traumatic stress disorder and the effects of trauma on the developing brain.

**WCSAP: Can you provide some areas of discussion and skill development that may be useful for sexual assault advocates to explore with foster care and adoption families?**

WD: I would say get up-to-date on the knowledge explosion that is currently occurring in the fields of neurodevelopment, neurobiology, trauma focused practice, childhood post traumatic stress disorder and trauma resolution. Read the literature, attend workshops, and seek consultation.

**WCSAP: Can you provide some tips for sexual assault advocates on talking to sexually abused children about sexuality and sexual abuse?**

WD: As stated previously, "safety is a prerequisite for healing." Many sexual assault advocates attempt to talk to the child about the sexual abuse when the child is not or does not perceive that he/she is safe. This is why many abused children resent and resist going to therapy because they feel they must talk about "what happened" when in fact they may not feel safe. This is especially true in foster care when the issues of permanency have not been determined and the child may be returning to a sexually abusive family. It is my clinical experience that when a child truly feels that they are safe, we will hear more about the sexual abuse

than we could ever comprehend.

**WCSAP: If a therapist is deemed helpful, what qualities do you think should be looked for in order to effectively address the traumatic impact of sexual abuse, separation, and loss?**

WD: It's important for the therapist to first do a traumatic impact assessment. Jan Hindman in her book, *Just Before Dawn* (1989), provided an excellent outline for such an assessment, viewing the impact of the trauma from symptomatology, relationship, developmental, situational and post disclosure perspectives.

**WCSAP: How can service providers from different professions – advocates, therapists, child protective services, law enforcement, child welfare – work together to support families and sexually abused children?**

WD: Communicate, Communicate, Communicate!!! Child sexual abuse does not fall within the purview or domain of one profession or discipline. It is a societal problem which requires that all parties work together as a team. The spread and growth of the Child Advocacy Centers movement across America, which focus on multidisciplinary team approaches to child sexual abuse, is but one example of this much needed team approach. ■

---

# Research Reviews

## Differences Between Sexually Abused and Non-Sexually Abused Adolescent Girls in Foster Care

AUSLANDER, W., EDMOND, T., ELIZE, D.E., McMILLEN, C., THOMPSON, R. (2002). DIFFERENCES BETWEEN SEXUALLY ABUSED AND NON-SEXUALLY ABUSED ADOLESCENT GIRLS IN FOSTER CARE. *JOURNAL OF CHILD SEXUAL ABUSE*, 11, 73-99.

This descriptive study examines the differences between sexually abused and non-sexually abused adolescent females in the foster care system. Of the 190 girls sampled, 54% met the criteria for being sexually abused. Demographically, there were no significant differences between the two groups in terms of age, ethnicity, education level, or religious attendance.

Results of the study show that in terms of educational plans, 96% of the girls sampled had educational plans for after high school without any meaningful difference between the two groups. However, only 71% of sexually abused girls were currently in high school compared to 84% of non-sexually abused girls. Similarly, only 51% of the sexually abused girls felt very sure of their educational plans while 73% of the non-sexually abused girls felt very sure.

When current living situations were examined, sexually abused girls were much more likely to be living in a congregate living setting (group home or residential center) and reported having lived in an average of four different group homes compared to two for non-sexually abused girls.

Striking differences were found in terms of mental health, with 37% of the sexually abused girls having been in a mental health facility in the

previous year compared to 18% of non-sexually abused girls. Sexually abused girls also reported taking prescription medication at a higher rate and experienced more behavioral problems overall. These include being withdrawn, somatic complaints, anxiety/depression, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior, and self-destructive behavior.

Sexually abused girls were significantly more likely to have had sexual intercourse. In addition, they engaged in sex with a larger number of partners, oral sex, sex under the influence of drugs and/or alcohol, traded sex for food, drugs or money, and anal sex.

Twenty six percent of sexually abused girls had both substance use and mental health problems compared to 16% of the non-abused girls. Additionally, the sexually abused girls were twice as likely to have only mental health problems (21% vs. 11%).

In their discussion of the findings, the authors draw upon several important points. First was the possibility that a number of the girls in the study were placed into foster care because of physical abuse or neglect and were not known within the system as having been sexually abused. This could seriously affect their access to mental health services. Second was the fact that sexually abused girls were placed in congregate living situations more often than non-sexually abused girls, which places them at increased risk for negative outcomes upon exiting care. Family placements provide more structure and support than group living situations and better prepare youth for independent living.

The authors stress the importance of providing mental health services to decrease potential negative independent living outcomes. They also point out that a sizeable number of both sexually abused and non-sexually abused girls report that they were functioning well and optimistic about



---

their future, reminding us it is important not to stereotype or pathologize abused adolescents in foster care. ■

## Signs of Resilience in Sexually Abused Adolescent Girls in the Foster Care System

AUSLANDER, W., BOWLAND, S., EDMOND, T., ELZE, D. (2006). SIGNS OF RESILIENCE IN SEXUALLY ABUSED ADOLESCENT GIRLS IN THE FOSTER CARE SYSTEM. *JOURNAL OF CHILD SEXUAL ABUSE*, 15, 1-28.

This research study examined a sample of ninety nine sexually abused adolescent girls in the foster care system and found that nearly half of them were functioning psychologically well despite the abuse. The researchers hypothesize that the girls who were doing well would differ from the girls who were not doing well in terms of education, future orientation, family support, peer influence, and religion.

The empirical examination of this within-group difference is the first study to look at resiliency in this population. The authors describe resiliency as the “process or phenomena of positive adaptation in the face of significant adversity” (p. 3). Adversities are stressors that can disrupt normal functioning and development. Positive adaptation is mental, developmental, or behavioral competency following adversity. These outcomes are determined by risk and protective factors. Risk factors are factors that increase the probability of experiencing negative outcomes; protective factors facilitate more positive outcomes and include education, future orientation, family support, peer influence, and religion.

In their previous study (see Differences Between Sexually Abused and Non-Sexually Abused Adolescent Girls in Foster Care), the authors found that 49% of sexually abused girls were

not experiencing mental health or behavioral problems. They wanted to see if the protective factors listed above were indeed what facilitated their resiliency.

There were no significant differences between the group with resilient trajectories and the currently symptomatic girls in terms of race, age, living situation, length of time in their living situation, the number of changes in foster families, or type or severity of abuse. There was one significant difference: the currently symptomatic girls had averaged 4.7 group home placements as opposed to 3.2 for the girls with resilient trajectories.

Mental health and behavioral problems were measured with a Youth Self-Report, which looked at whether the girls reported withdrawal, somatic complaints, anxiety/depression, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior, and self destructive behavior. Girls who scored normal were placed in the resilient category and those who showed symptoms were categorized as symptomatic. There was a significant difference between the group in terms of total YSR scores and for every subscale.

When protective factors were examined, the researchers found that for education (educational status and plans, certainty of educational plans, and school stability) the only difference was the girls’ certainty of educational plans; girls with resilient trajectories indicated they were very sure of their high school and college plans compared to less certainty for the currently symptomatic girls.

The study also found that girls with resilient trajectories had an overall more positive future orientation and more positive peer influence. No significant difference was found for the family support or religious protective factors.

The authors have identified potential protective factors that differentiate girls with resilient trajec-

---

tories from those who currently have symptoms of mental health and behavioral problems. They found that the girls with resilient trajectories have a positive view of their future and are doing well in school. These factors should be familiar to practitioners and researchers in order to support continued success. The currently symptomatic girls also possess strengths that should be recognized in order to help them potentially overcome adversity. ■

## **A Response to No One Ever Asked Us: A Review of Children's Experiences in Out-Of-Home Care**

---

FOX, A., BERRICK, J. D., (2007). A RESPONSE TO NO ONE EVER ASKED US: A REVIEW OF CHILDREN'S EXPERIENCES IN OUT-OF-HOME CARE. *CHILD AND ADOLESCENT SOCIAL WORK JOURNAL*, 24, 23-51.

This article responds to a book by Trudy Festinger, *No One Ever Asked Us...A Postscript to Foster Care* (1983). For her book, Festinger interviewed 227 young adults who were in foster care for at least five years and compared them with other groups possessing similar characteristics. The study generally found that children in care were living and functioning very similarly to their nonfoster peers. Children in care also wanted to be consulted more about decisions affecting their lives. Festinger recommended more attention be given to helping youth plan for education, vocational training, and independent living.

In turn, Fox and Berrick's review, *A Response to No One Ever Asked Us: A Review of Children's Experiences in Out-Of-Home Care*, covers almost two dozen studies examining children's experiences in foster care. These studies used interviews of current and former youth in foster care in relation to (1) actual and perceived safety in care; (2) the extent children experience support for their well-being while in care; (3) the extent to which children's family connections are supported while in care; and (4) children's views on legal and physical permanence. One of the studies' broad assumptions is that children's insights should contribute to the development of child welfare practice, planning and policy.

The authors noted three limitations of the review: they were not able to review findings from important studies exploring youths' dif-

---

difficult transitions to independent living; they were not able to review children's experiences in orphanages; and significant methodological limitations generally characterize this literature – experiences pre-dated current service delivery systems, small samples, lack of comparison groups and reliance on untested measures. Despite the limitations, recurring themes emerged in the literature that are useful for practitioners and policy makers to consider.

The literature review focused on the degree to which children in care felt safe in their caregiver's home, perceived safety during visits with birth parents, and exposure to community violence in their new neighborhoods. The studies found that between 84% and 90% of children "always" felt safe in their current placement; children generally felt safer in their caregiver's home than in their birth family's home; and youth in care wanted more of a say in parental visits. Further, perceptions of caregivers' neighborhoods varied depending on location and experiences, e.g. witnessing fewer fights.

The article highlighted studies investigating children's self-reported experiences of support in relation to their health, academic achievement, and social-emotional development. The studies generally found that children in out-of-home placements had overall improved care and had positive school experiences in spite of school changes and struggles with academic performance. There were mixed feelings with regard to social support, with reports of liking new friendships and missing old ones. There was not enough research to determine how caregivers affected these areas.

The research also considered children's experiences of family continuity and family-like care (emotional climate, relatedness with caregivers, structure, and overall treatment). The literature found that children often felt "happy" following parental visitation, had stronger relationships with their birth mother rather than other family

members, felt more socially connected if placed in kinship care, and desired more sibling contact. There was, unsurprisingly, a range of responses to children's experiences of family-like care. Overall, length of stay appeared to be associated with closer relationships to caregivers, and out-of-home placements had more structure and disciplinary practices. Children in foster care perceived being treated differently than caregivers' biological children.

The literature review explored children's perceptions of long term foster care and adoption, the permanency of a placement, and inclusion in case planning. Studies found that about 6 out of every 10 children expect to live with a biological parent again someday. Studies also found that children often do not actively participate in their permanency planning.

Several themes are apparent from the literature review. First, a large number of children feel safe in their caregiver's home, but their experience of safety in their new neighborhoods varies. Caregivers serving youth in more disadvantaged neighborhoods may require additional support in developing strategies that ensure greater safety. Second, relationships matter. Caregivers and social workers need to help children maintain important relationships and foster new ones both in current placements and in schools. Third, supporting and promoting inclusive definitions of family may be more likely to meet the social-emotional needs of children over time. Finally, while the goal of child welfare policy promotes permanence, many children are excluded from participating in permanency decisions. The literature strongly suggests that children's voices should be given more serious consideration. ■

---

## Health and Mental Health Services for Children in Foster Care: The Central Role of Foster Parents

HALFON, N., HOLLINGER, D.S., INKELAS, M., PASZTOR, E.M. (2006). HEALTH AND MENTAL HEALTH SERVICES FOR CHILDREN IN FOSTER CARE: THE CENTRAL ROLE OF FOSTER PARENTS. *CHILD WELFARE*, 85, 33-57.

This article summarizes key research findings over the past twenty years on the health and mental health needs of children in foster care. The study finds that, historically, foster parents have largely been overlooked from research efforts and recommendations in this area.

Research implies that while abused, neglected, and emotionally maltreated children were known to have a range of health and mental health problems, historically the health care they subsequently received failed to address these issues. Older studies acknowledged that the role of caseworkers needed to address the systems-wide problems, but made no specific recommendations for the role of foster parents.

This article reviews findings from many studies undertaken in the last twenty years, showing an increased awareness of the “extraordinary” health, mental health, behavioral, and developmental needs of the ever increasing number of children entering the foster care system.

The article focuses on a national study conducted by the Center for Healthier Children, Families and Communities at UCLA. It used a mail survey of child welfare, Medicaid, health and mental health agencies in all fifty states. Site visits were conducted in regions where returned surveys indicated innovative policies or practices. The site visits were designed to identify obstacles to health and mental health services experienced

by foster parents and other child welfare professionals, as well as to highlight policies, programs and practices that might be working effectively. This article focuses on site visits with foster parents with the intent of gathering perspectives on system functioning.

The results of the focus groups indicated four major concerns of the participating foster parents: 1) the developmental, health and mental health needs of the children placed in their care; 2) access to health and mental health services for the children and continuity in service provision; 3) communication challenges with casework staff and other service providers; and 4) foster parents’ role limitations.

Foster parents reported great challenges in providing care to their children due to an inaccurate perception that they were “glorified baby sitters” and therefore did not need or have a right to information about children in their care. Other challenges included the lack of training in managing complex health and mental health issues facing children placed in their care, difficulty in receiving financial aid for critical health or mental health care, and lack of consistency regarding communication of health care issues because of multiple foster care placements or the unwillingness of welfare agencies to share medical background information.

Foster parents are the critical element in the successful delivery of adequate health care services and overall success to foster children, but they need training and full support from child welfare agencies in order to have access to treatment facilities and service providers. The main conclusion of the authors is that foster parents are not receiving the training, information, and support they need to help address the increasingly complex health and mental health challenges of children placed in foster care. ■

---

## Parenting a Child Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents

CHILD WELFARE INFORMATION GATEWAY. (2008). *PAR-ENTING A CHILD WHO HAS BEEN SEXUALLY ABUSED: A GUIDE FOR FOSTER AND ADOPTIVE PARENTS*. WASHINGTON D.C.: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

This guide provides information for foster and adoptive parents in order to understand how to help children who have been sexually abused. It includes the importance of understanding what child sexual abuse is, establishing guidelines for safety and privacy, and knowing when and how to seek help. It also includes a table that lists some of the common and less common or unhealthy sexual behaviors among children of different age groups.

Many children do not disclose their past abuse until they feel safe. Therefore, it is likely that foster or adoptive parents may be the first to learn about the abuse. Foster or adoptive parents immediate response to the abuse and acceptance of what the child has disclosed plays a critical role in the child's recovery. It is important for children to understand that they are not to blame for the abuse.

Establishing family guidelines for safety and privacy ensures children experience a structured, safe, and nurturing environment and reduces foster or adoptive parents' vulnerability to abuse allegations by children living with them.

Being an adoptive or foster parent to sexually abused children can be stressful to relationships. It requires caregivers to be equally involved in addressing the issue, otherwise the imbalance can create difficulties in the caregivers' relationship. Children may also need to be coached on

what to say about their sibling's situation to their friends. When one child has been sexually abused, parents often become very protective of their other children. It is important to find a balance between reasonable worry and over-protectiveness. The social worker, child welfare worker, and adoption agencies may also be able to provide services or support to foster or adoptive parents. ■

---

## Promoting the Participation of Children and Young People in Care

CASHMORE, J., (2002). PROMOTING THE PARTICIPATION OF CHILDREN AND YOUNG PEOPLE IN CARE. *CHILD ABUSE & NEGLECT*, 26, 837-847.

According to Article 12 of the United Nations Convention on the Rights of the Child (1989), "children are entitled to participate in all decisions that affect them," with their views "given due weight" according to their age and maturity. Involving children in decision making is especially important with children in care. The author frames participation not as having the right to make the decisions or determine the outcome, but as being listened to and having one's views taken seriously and treated with respect.

This article reviews research literature from various countries on children and youth in care and their participation in decisions affecting them. Questions asked include: Do children and youth want to participate and why? What opportunities do they think they have to do so? What is required to make it effective?

Children wanting input are not different than adults wanting to be heard in decisions that impact their lives. Children want to feel they have a say and are being heard. Participation is espe-



---

cially important for children in care since there is usually a group of people making decisions, with some reliance on case files for information without meeting the child. Placements tend to be more stable and children learn valuable socialization skills when involved in decision making.

Studies consistently found that most children had limited opportunities to be involved in important decisions, such as where they would live and the contact they were to have with parents. Also, children often did not understand why they were in care. In communities where children were involved in decision making, studies found that children were often intimidated, bored, and frustrated and concerned at how many people had access to confidential information about them. However, they were often more positive about outcomes even when their choices did not work out.

What is required for effective participation? Children need to have opportunities to participate and choices about whether and how to participate, including time to make decisions, the option to not make difficult decisions, and the opportunity to be involved at the broader systemic level. They need access to information, to know what is going on and what the process will be. Children prefer informal processes and to have a personal relationship with a trusted mentor or advocate. Additionally, children need to have ways to complain about services in a way that is safe and supportive. Finally, agencies need to identify ways to evaluate their performance in involving children and young people.

In conclusion, children in care need to have a relationship with someone they trust, be informed about options and issues, and have some opportunity to participate in the decisions affecting them. Organizations need to provide supportive environments, policies, skilled staff, and a means to evaluate participation. ■

## **Sexual Abuse Histories of Young Women in the U.S. Child Welfare System: A Focus on Trauma-Related Beliefs and Resilience**

---

BRENO, A. L., GALUPO, M.P., (2007). SEXUAL ABUSE HISTORIES OF YOUNG WOMEN IN THE U.S. CHILD WELFARE SYSTEM: A FOCUS ON TRAUMA-RELATED BELIEFS AND RESILIENCE. *JOURNAL OF CHILD SEXUAL ABUSE*, 16, 97-113.

This research provided the first descriptive data regarding sexual abuse histories in the child welfare system that exclusively considered high-functioning individuals. It focused on the experiences of girls who spent their teen years in the foster care system and are currently enrolled at post-secondary educational institutions. Past research has indicated that women are at increased risk for sexual abuse within the foster care setting. The eighty four women, ages 18-25, were recruited through an email sent to scholarship recipients at the Orphan Foundation of America. Of the total sample, 66% reported a history of sexual abuse. Through an anonymous online survey, participants answered questions regarding their history of abuse within and outside the foster care system and completed surveys related to current trauma-related beliefs (TRB) - changes in cognitive and affective orientations in regard to self blame/stigmatization, betrayal, powerlessness, and traumatic sexualization.

The author hypothesized that participants with a history of sexual abuse would have higher placements per year and would be significantly more likely to have been in at least one restrictive placement. Further, there would be significant differences in trauma related beliefs across sexual abuse settings, TRBs would be positively correlated with current levels of resilience, and TRBs would be a significant predictor of resilience scores.

---

The research found that women with a history of sexual abuse changed placements within the child welfare system twice as often as those with no history of sexual abuse and were more likely to have been housed in a restrictive placement. TRB scores were higher for those who reported abuse within and prior to entering the child welfare system. However, this group reported a significantly higher number of sexual abusers, which could account for the higher TRB scores. It is noteworthy that 35% of the participants reported sexual abuse occurring within the foster care system.

Previous research shows that an internal locus of control and a sense of control or power during recovery lead to less negative effects. This study also confirms those previous findings. Previous studies have also found that rates of resiliency were higher for individuals who blamed the perpetrator. However, blame was not a significant predictor of resilience in this particular study (which may have to do with how resilience was defined and measured).

Future research should build upon this study by comparing experiences between distinct populations within the former foster care population. Within-system variables such as relationship of the abuser to participant, whether the abuse was reported, responses of the child welfare system to reports of abuse, and placement decisions subsequent to reported abuse should be looked at in relation to trauma related beliefs. ■

## The Impact of Previous Sexual Abuse on Children's Adjustment in Adoptive Placement

---

SMITH, S.L., HOWARD, J.A., (1994). THE IMPACT OF PREVIOUS SEXUAL ABUSE ON CHILDREN'S ADJUSTMENT IN ADOPTIVE PLACEMENT. *SOCIAL WORK*, 39, 491-501.

The majority of studies related to child sexual abuse and behaviors up until the publish date of this article (1994) have focused primarily on children who remain with their natural families. Less is known about the impact of sexual abuse on children in the child welfare system. Among special needs adoptive placements, the proportion of children who are victims of sexual abuse has been reported to be as high as 86%.

This article explores the implications of a sexual abuse history on children's experiences and adjustments in foster care and adoptive placement by comparing 35 children identified as having a history of sexual abuse with 113 children without a known history of sexual abuse. The goal was to determine the problems and experiences more common to sexually abused children and to explore the interaction of sexual abuse and adoptive issues.

The article examines and attempts to explain the strong link between sexual abuse trauma and adjustment difficulty in adoptive placement by addressing the following questions:

1. Do sexually abused children and non-sexually abused children have different experiences in foster placement as evidenced by the number of moves in [foster] care before adoptive placement?
2. What specific behavior problems are associated with a history of sexual abuse in these children both before and after adoptive placement?

3. Are specific adjustment problems more common in the placement of sexually abused children than in those of non-sexually abused children?
4. What is the interplay between sexual abuse trauma and the separation-attachment difficulties involved in adoptive placement?

A conceptual framework developed by Finkelhor & Brown (1985)<sup>1</sup> for understanding the traumatic impact of sexual abuse was used to integrate the empirical and case material findings of the study: traumatic sexualization, powerlessness, betrayal, and stigmatization.

The two groups were compared using three variables: number of moves in care, behavior problems, and other problems jeopardizing adoptive placement. The study found that sexual abuse is associated with more moves in care. A comparison of means for number of placements revealed an average of 6.49 moves for the sexually abused group and 4.42 for the comparison group. The number and severity of behavior problems were greater for the sexually abused children both before and after placement. Of the sexually abused children, 43% were reported as displaying sexual acting out during foster placement and 34% displayed such behavior during adoptive placement. This is significantly higher than the non-sexually abused children at 7% during foster placement and 10% during adoptive placement. Attachment difficulties or acting out were more prevalent among the sexually abused group and attachment difficulties were as prevalent in the adoptive parents as in the children.

A primary focus for future research is the interaction of the sexual abuse trauma and the emotional upheaval children experience in dealing with separation and attachment. The research indicates that children who have a history of sexual abuse are at particular risk in adoptive

placement and they as well as their adoptive parents may need therapeutic intervention. For some children, the sexual abuse trauma seemed to intensify their difficulties in separating from birth parents. It seems that there is an interweaving of issues related to sexual abuse trauma and grief issues involved with separation from the child's family of origin and attachment to a new family. For other children, the emotional demands of attaching to adoptive parents, trusting, and yielding control in some ways brought about a resurgence of long-submerged issues related to sexual abuse. An interesting insight gained through this study is that many of the children were not known to have been sexually abused until long after removal from their birth families. The adoptive parents' ability to deal with the knowledge of a child's sexual abuse and sexual behaviors also affects the child's acceptance of and adjustment in adoptive placement.

To facilitate a healthy adjustment in adoptive placement, children who have been traumatized by sexual abuse need help in identifying this trauma, as well as other trauma or losses that are part of their experience, so they can heal. If attention is not given to these issues, the unresolved trauma of sexual abuse is likely to lead to an intensified behavior problems and increased trauma from disrupted placements. ■

<sup>1</sup>Finkelhor, D., and Browne, A. (1985). The traumatic impact of child sexual abuse: a conceptualization. *American Journal of Orthopsychiatry*, 55, 530-541.

---

## Improving Family Foster Care

THE FOSTER CARE ALUMNI STUDIES: STORIES FROM THE PAST TO SHAPE THE FUTURE. (2005). THE FOSTER CARE ALUMNI STUDIES: STORIES FROM THE PAST TO SHAPE THE FUTURE. (2005). *IMPROVING FAMILY FOSTER CARE: FINDINGS FROM THE NORTHWEST FOSTER CARE ALUMNI STUDY*. SEATTLE, WA: CASEY FAMILY PROGRAMS.

This study examines how youth formerly in foster care (“alumni”) have fared as adults. The study reviewed the case records of 659 alumni from Casey Family Programs and state child welfare agencies in both Oregon and Washington and interviewed a sample of 479 (60.5% women and 54.4% people of color). Findings for mental health, education, and employment and finances are presented. A key finding of this study is that encouraging youth to establish lifelong connections may have the greatest implication for the overall well-being of foster youth.

The report shows a disproportionate number of alumni (54.4%) had mental health problems, with one or more disorders including 25.2% with post-traumatic stress disorder, 20.1% with major depression, and 17.1% with social phobia. PTSD and major depression may be the most far-reaching mental health conditions for alumni in young adulthood. PTSD and depression may contribute to difficulty in gaining or retaining employment, and their prevalence underscores the need to improve mental health services in many ways. Recommendations for improving mental health outcomes include: eliminate federal and state government barriers to mental health assessment and treatment; and maintain placement stability, which has shown a positive effect on adult mental health.

Alumni completed high school nearly as often as the general population (84.8% vs. 87.3%). However, one in four used GED programs,

which is a concern because research has found that adults with high school diplomas are more likely to attend and complete college. Optimizing education services and experiences can improve employment and finances due to better school experiences, leading to better education outcomes. Recommendations for improving education outcomes include: emphasize the importance of a high school diploma; family members and stakeholders should encourage youth in foster care to plan for some type of higher education or training; inform older youth of college-preparatory programs; and minimize changes in school placements.

Alumni experienced difficult situations in regards to employment and finances. The unemployment rates for alumni were higher than the general population, and 33.2% of household incomes were at or below poverty level. Alumni lacked health insurance at almost twice the rate of the general population, and more than one in five had experienced homelessness since leaving care. Minimizing placement changes may allow youth to develop better social support networks, which can in turn provide support in finding employment and serve as a safety net when financial difficulties occur. Recommendations for improving employment and finances include: encourage alumni to develop lifelong relationships with foster parents and others for continued support; strengthen transitional housing and public/community housing systems with reform efforts; implement a more hands-on approach to life skills offering a variety of opportunities to learn independent living skills; and provide tangible resources upon leaving the system (cash, driver’s license, etc.).

The Northwest Alumni Study examined the many disruptions and challenges young adults in foster care have overcome to become self-sufficient members of their communities. It concludes that some youth who are placed in foster care benefit from the protection, emotional care and services provided to them, but many do not.

Service delivery systems were unable to prepare some alumni to secure and sustain jobs that pay a living wage with health insurance, and to help them complete vocational training or college.

However, the study did identify certain programs that, when optimized, can improve alumni outcomes. Rigorous field trials are important

next steps in confirming these simulated findings. Ultimately, successful improvements can be made by combining structural efforts with community-based programs that involve private and public sectors. ■

## Foster Care Statistics

First Star's Child Abuse and Neglect State Profiles highlight each state's effort to protect America's vulnerable children. The profiles consist of a range of data collected through government agencies and touch on the many different aspects of the child welfare system.

### Highlights:

- Washington State's child population is 1,486,020.
- 14.7% of Washington State's children re-enter foster care, compared to 11.4% nationally (the Child and Family Service Review National Standard is 8.6%).
- 23.9% of children in Washington State's foster care system are adopted within two years of their latest removal compared to 21.1% nationally.

U.S. Department of Health and Human Services (2005). *Child Welfare Outcomes 2002*.

Children's Alliance: A Voice for Washington's Children, Youth, and Families is Washington's statewide child advocacy organization. They champion public policies and practices that deliver the essentials that kids need to thrive - confidence, stability, health, and safety.

### Foster Care in Washington:

- At any given time during Fiscal Year 2006, about 9,600 children were living in an out-of-home placement. Over 3,600 of those children were cared for by relatives, while 6,000 were placed with unrelated caregivers.  
- Children's Administration, Washington Department of Social and Health Services, 2006
- African-American children make up 4.2 percent of the general population in Washington State, but 10.5 percent of children in foster care.  
- Children's Administration, Washington Department of Social and Health Services, 2006
- In Washington, Native American children make up 2 percent of the child population and 8.4 percent of children in foster care.  
- National Indian Child Welfare Association and Kids Are Waiting, 2007



---

## Additional Resources

### Create a Family Safety Plan

Stop It Now!® prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed. <http://www.stopitnow.com/pubs.html>

### ChildTrauma Academy

The ChildTrauma Academy, a not-for-profit organization based in Houston, Texas is a unique collaboration of individuals and organizations working to improve the lives of high-risk children through direct service, research and education. <http://www.childtrauma.org/default.asp>

### Nurturing Attachments

Deborah D. Gray is the author of numerous articles and two books, *Attaching in Adoption: Practical Tools for Today's Parents* and *Nurturing Adoptions: Creating Resilience After Neglect and Trauma*. <http://www.deborahdgray.com/home.html>

### Lawyers for Children America

Lawyers for Children America is a lead child advocacy organization protecting the rights of children who are victims of abuse, abandonment, and neglect by providing quality pro bono legal representation and collaborating for systematic change to improve the lives of children. <http://www.lawyersforchildrenamerica.org/matriarch/default.asp>

### Perry, B., (2008). *Creative Interventions With Traumatized Children*. The Gullford Press: New York, NY.

Rich with case material and artwork samples, this volume demonstrates a range of creative approaches for facilitating children's emotional reparation and recovery from trauma. Contributors include experienced practitioners of play, art, music, movement and drama therapies, bibliotherapy, and integrative therapies, who describe step-by-step strategies for working with individual children, families, and groups. The case-based format makes the book especially practical and user-friendly. Specific types of stressful experiences addressed include parental loss, child abuse, accidents, family violence, bullying, and mass trauma. Broader ap-

proaches to promoting resilience and preventing posttraumatic problems in children at risk are also presented.

### *Bonding and Attachment in Maltreated Children: Consequence of Emotional Neglect in Childhood*

Dr. Perry explains why experiences during infancy and early childhood are so critical to shaping our capacity to form emotionally healthy relationships and how maltreatment can impair this important capability.

<http://teacher.scholastic.com/professional/bruceperry/bonding.htm>

### *Bonding and Attachment in Maltreated Children: How You Can Help*

In this article, Dr. Perry suggests ways that responsive adults such as parents, teachers, and other caregivers can make all the difference in the lives of maltreated children.

[http://teacher.scholastic.com/professional/bruceperry/bonding\\_help.htm](http://teacher.scholastic.com/professional/bruceperry/bonding_help.htm)

### **Parenting a Child Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents**

Many factors affect how children react to and recover from sexual abuse. Parents play an important role in their children's recovery. This factsheet includes information to help foster and adoptive parents of children who have been sexually abused. [http://www.childwelfare.gov/pubs/f\\_abused/](http://www.childwelfare.gov/pubs/f_abused/)

### **The National Children's Advocacy Center**

The National Children's Advocacy Center (NCAC) is a non-profit organization that provides training, prevention, intervention, and treatment services to fight child abuse and neglect.

<http://www.nationalcac.org/index.html>

### **Casey Family Programs**

Casey Family Programs' mission is to provide and improve – and ultimately to prevent the need for – foster care. <http://www.casey.org/Home>

# Opportunity for Input

Did you read or author an article you'd like to contribute for review in the Research and Advocacy Digest?

If so contact Jeanne McCurley for more information about guideline submissions.

What topics would you like to see covered in upcoming issues of Research and Advocacy Digest?

Send your ideas to: [jeanne@wcsap.org](mailto:jeanne@wcsap.org)



**Washington Coalition of  
Sexual Assault Programs**  
4317 6th Ave SE, Suite 102  
Olympia, WA 98503

---

360.754.7583  
360.709.0305 TTY  
360.786.8707 FAX  
[www.wcsap.org](http://www.wcsap.org)

Non-Profit US Postage <b>PAID</b> Olympia, WA Permit #282
---